

- K. A senior staff member is responsible for coordinating the agency's volunteer service program.
- L. The Warden/Division Director shall curtail, postpone or discontinue the services of a volunteer or volunteer organization for just cause. Any change to the volunteer's status will be communicated in writing to the volunteer within one week, with copies to all other Wardens/Division Directors.
- M. Volunteers are encouraged to offer voluntary services at more than one prison or division.
- N. DOC employees may not be designated as volunteers. Refer to PPD 2.31 Cross Training Program, for work experiences other than their current assignment.
- O. Former DOC employees may be considered for volunteer service following five (5) years separation from either full or part time employment with the agency.

IV. PROCEDURES:

- A. Volunteer Categories:
 - 1. Authorized Volunteers are members of the public offering services to inmates based on a Volunteer Service Agreement (Attachment 1). An Application for Citizen Involvement** (Attachment 2) must be submitted. Occasional outside consultants must complete Section B of the Application of Citizen Involvement.
 - 2. Single Event Volunteers or one-time guests are members of the public offering voluntary services for a maximum of 6 hours in any 12-month period. An Application for Citizen Involvement must be submitted.
 - 3. Academic Intern Volunteers are members of the public offering service to further post-secondary educational experience. An Application for Citizen Involvement must be submitted. Acceptance of an intern project by the section or service director will be received prior to work assignment.
- B. Processing Volunteers:
 - 1. Recruiting will be from all cultural and socioeconomic segments of the community for positions using the approved Service Agreement.
 - 2. All volunteer applicants will complete a formal application that will be reviewed by the Department Head. Applications will include an Authorization for Release of Information. Placement of a volunteer will be at the discretion of each facility/division at which volunteer services may be offered.
 - 3. The volunteer application will be forwarded to the facility Volunteer Coordinator for review and processing.
 - 4. Authorized volunteers and interns will attend documented orientation training (attachments 7 & 8) for each facility/division as conducted by the appropriate Volunteer Coordinator. This orientation will include instruction on the State of NH and DOC sexual harassment policies (PPD 2.39) and undue familiarity with inmates (PPD 2.16).
 - 5. Single Event Volunteers and one time guests must participate in a security briefing on volunteer rules prior to the event. Single Event Volunteers may attend a documented orientation training to satisfy this requirement.
 - 6. Volunteers will be given a letter stating their specific duties for the purposes of complying with the provisions of RSA 508:17, The Volunteer Immunity Law and their term of service with the department (attachment 3).
- D. Maintaining Volunteer Status
 - 1. Applications for Citizen Involvement and the Orientation program must be renewed at a minimum of every three (3) years.
 - 3. Volunteer Service Agreements shall be reviewed at least every 12 months.
 - 4. Volunteers will periodically attend training as required for their assignment.
 - 5. Volunteers will promptly report any change of address or contact information, and any criminal arrest, conviction or related law enforcement matter, following the submission and approval of their application.
- E. In-Processing into the Institution
All volunteers will:
 - 1. Be subject to all provisions of PPD 5.22 regarding introduction of contraband.
 - 2. Be subject to the applicable provisions of the NH Code of Administrative Rules
 - 3. Will enter the facilities in accordance with established visiting procedures (PPD 7.09), unless the Warden gives prior written approval.
 - 4. Provide positive, valid photographic identification; state their scheduled activity/function and/or name of staff member to be visited.
 - 5. Sign in on the visitor log and be issued a "visitor badge" to be worn on the breast area of their outermost garment.

6. Be escorted to and from an activity and be periodically monitored by staff throughout the activity when inside the secure perimeter. Volunteers do not need to be escorted when outside the secure perimeter.
- F. Volunteers may NOT sponsor other visitors or bring them into the institution. However, volunteers may submit the name of a prospective volunteer to the Volunteer Coordinator for consideration. All volunteers are accountable to a supervising staff member and will share routine documented information on each volunteer activity or event.
- G. Former inmates and probationers/parolees may apply as volunteers five years after completion of any correctional supervision.
- H. Family members of inmates may not be designated as volunteers. Any exceptions must be made in writing by the Division Director.
- I. Volunteers are not authorized to be on the visiting list of an individual inmate.
- J. Record Keeping Control
1. There shall be a centralized file of each volunteer. Records will include the application, service agreement, individual attendance log (attachment 5) and other personnel documents necessary for reporting purposes.
 2. An electronic database will be maintained by the department of all volunteers and accessible through the department intranet.
 3. Divisions will forward copies of volunteer records as requested by other divisions.
 4. A roster of authorized volunteers will be published periodically and provided to the institution's control room(s), security sections and volunteer coordinator.
 5. Divisions will submit a quarterly report to the Division Director with a copy to the volunteer coordinator containing relevant data as described in attachment 6.
 6. Institutional entry officers will verify volunteer status and authorized access from available rosters.
- K. Adverse Action Towards a Citizen/Volunteer
1. An applicant who fails to qualify for all volunteer requirements shall receive written notice of the adverse action.
 2. A volunteer found in violation of departmental policies and procedures is subject to suspension or termination and shall receive written notice of adverse action.
 3. All divisions shall receive written notice from the issuing division of adverse action towards any person within five (5) business days.
 4. A volunteer may appeal an adverse action decision in writing to the Division Director within thirty (30) days from the date of the notice.
 5. The outcome of an appeal may affirm, reverse or modify the adverse decisions.
 6. A volunteer may further appeal to the Commissioner of Corrections following reconsideration of an adverse decision at the division level.
- L. All volunteers shall be supervised at the operating level by the sponsoring staff member. The Division Director is ultimately accountable for the use of volunteers in their area of responsibility and may curtail, postpone or discontinue the services of any volunteer or volunteer organization.
- M. Additional independent movement or activity by a volunteer within high security locations shall only be permitted by specific written authority of the warden/division director for a term not exceeding one (1) year.
- N. This policy is not applicable to members of the general public who interact exclusively with inmates through the regular visitation process or to the Citizen's Advisory Board that is appointed by the Governor pursuant to RSA 21-G.

REFERENCES:

Standards for the Administration of Correctional Agencies
 Second Edition Standards
2-CO-1G-01 thru 1G-10

Standards for Adult Correctional Institutions
 Fourth Edition Standards
4-4115; 4-4118 thru 4119

Standards for Adult Community Residential Services
 Fourth Edition Standards
4-ACRS-7F-08 thru 7F-10

Standards for Adult Probation and Parole Field Services
 Third Edition. Standards
3-3117 thru 3-3123

Other

RSA 508:17
 RSA 622:24,25
 PPD 1.21 Rules & Guidance for Contract Service Providers
 PPD 2.16 Rules of Conduct
 PPD 2.39 Sexual Harassment
 PPD 5.22 Contraband
 PPD 7.09 Visiting Policy

SANFILIPPO/pf

Attachments

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
VOLUNTEER SERVICE AGREEMENT

Name: _____

Location of Volunteer Service: _____

Volunteer Position: _____

Position Supervisor: _____

Duties and Expectations:

Authorized equipment or supplies carried in/out for each visit:

Term of agreement beginning _____ and valid until _____, not to exceed one year. This agreement is subject to renewal or termination. Any changes shall void this agreement and require a new agreement.

Accepted by:

Volunteer signature: _____ Date: _____

For NHDOC Division Staff:

Supervisor signature: _____ Date: _____

Print Name: _____ Title: _____

Division Director: _____ Date: _____

Original to: Volunteer

Copy to: Position Supervisor
 Division Staff Supervisor
 Division Director
 Division Volunteer Personnel Record



STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

CITIZEN INVOLVEMENT APPLICATION

PLEASE PRINT – ATTACH STATEMENTS OF EXPLANATION AS NEEDED. ALLOW 30 DAYS FOR PROCESSING

Y Original

Y Renewal

(Renewal required every 3 years)

REQUIRED PERSONAL INFORMATION

<input type="checkbox"/> Female <input type="checkbox"/> Male	Legal Name					Date of Birth		
Title (if any)		Last Name	First Name	MI	Suffix	mm/dd/yyyy		
Social Security Number	-		-		Driver License* Number *or valid government issued photo ID	State Issuing DL/ID		
Mailing Address				Town		State	Zip Code	-
List any other address used in the last 5 years					Place of Birth			
					Citizenship <input type="checkbox"/> USA; <input type="checkbox"/> Other Country:			

ANY CURRENT/PAST CITIZEN INVOLVEMENT OR VOLUNTEER SERVICE IN CORRECTIONS? ☐ NO, ☐ YES, WHERE & WHEN*FORMER NAMES IN PAST, PRIOR TO MARRIAGE, ADOPTION, OR RELIGIOUS CONVERSION? ☐ NO, ☐ YES*EVER CONVICTED OF ANY CRIME? ☐ NO, ☐ YES*BEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS? ☐ NO, ☐ YES*ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? ☐ NO, ☐ YES*ANY FAMILY MEMBER AN INMATE WITH THE NH DOC? ☐ NO, ☐ YES, WHO*DURING THE PAST 3 YEARS, ON ANY INMATE VISITING LIST? ☐ NO, ☐ YES, WHO*CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE? ☐ NO, ☐ YES, WHO*

* PROVIDE COMPLETE NAMES AND DETAILS ABOVE OR ON ATTACHMENTS AS NEEDED

AFFILIATION - CORRECTIONS INVOLVEMENT TO BE OFFERED ON BEHALF OF THIS ORGANIZATION, AGENCY, GROUP, CAMPUS, OR FAITH COMMUNITY:

Organization/Group Name	Address	Phone Number

OTHER PERSONAL INFORMATION

References: List persons who may attest to your character and/or hold a leadership role in the organization for which you intend to offer your service				Employment History:			
Name	Address	Phone	Occupation	Employer	Start	End	
Telephone Home #	Work #	Work # Ext.	Cell/Mobile #				
Email address							

All persons and vehicles are subject to search without prior warning at NH Department of Corrections facilities {RSA 622: 24, 25}

PERSONS INTENDING TO BE ON ANY PROPERTY OF, OR IN CONTACT WITH AN OFFENDER UNDER THE SUPERVISION OF, THE NH DEPARTMENT OF CORRECTIONS ARE SUBJECT TO CRIMINAL HISTORY RECORDS REVIEW

I certify that there are no willful misrepresentations of the statements and answers to questions on this application. I understand that should an investigation disclose such misrepresentations, my application may be denied and, should I have already been accepted, my involvement may be terminated. I agree to abide by all applicable New Hampshire laws, and NH Department of Corrections rules and regulations governing persons within a state correctional facility, especially those policies relating to confidentiality. I hereby authorize a review of and full disclosure of any and all records, including criminal records, concerning myself to any duly authorized agent of the NH Department of Corrections, whether said records are of a public, private or confidential nature. This shall include photocopies of any such documents if requested. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorized release will be considered in determining my suitability with the NH Department of Corrections. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall be held harmless for releasing said information, and I do hereby release said persons, agencies or businesses from any and all liability which may be incurred as a result of furnishing such information. This authority shall continue for one year from date signed unless revoked by me in writing. A photocopy of this release form will be valid as an original, even though said photocopy does not contain an original signature. I recognize the potential risks with, and assume personal responsibility for, my involvement with felony offenders. I will inform the NH DOC of any changes to the information furnished on this application, once approved. This shall include change of address and phone, location or area of service and reporting of any criminal arrest, conviction or related justice system matters.

SIGN HERE

DATE: _____

INSTRUCTIONS: Complete Page 1 in full. Complete Page 2 for only the section or subsection applicable to the involvement you seek.
Submit completed form, with attachments as needed, to Office on Citizen Involvement & Volunteers, NH State Prison, PO Box 14, Concord, NH 03302-0014

APPLICANT NAME			
EMERGENCY CONTACT - NAME		RELATIONSHIP	CONTACT PHONE
LANGUAGE FLUENCY OTHER THAN ENGLISH: SPEAK		READ	WRITE

CLERGY OR OFFICIAL RELIGIOUS DELEGATE FOR INMATE VISITATION – SECTION A

Access restricted to VISITING ROOM ONLY for individual inmate contact during established visitation schedule at state prisons, institutions or correctional centers. Any other religious study, worship, or further activity with offenders must be conducted as an authorized Volunteer requiring attendance at orientation.

PLEASE SELECT AND AFFIRM ONE OF THESE STATEMENTS:

<input type="checkbox"/> Applicant is the senior spiritual leader or presiding officer of the faith community or organization cited in "Affiliation" on page 1.	<input type="checkbox"/> Applicant is appointed or authorized by the presiding administrator of the faith community official board and attached a signed statement on organizational letterhead from the administrator pertaining to this assignment for religious visitation at state correctional facilities.
---	---

OCCASIONAL OUTSIDE CONSULTANTS – SECTION B

(if applying for position requiring license or certificate, attach current document photocopy & professional liability rider)

Employer:	Address:	Phone #
Contract Administrator	Nature of Services	DOC Service Locations

VOLUNTEER, GUEST, OR ACADEMIC INTERN – SECTION C

VOLUNTEER ORIENTATION is required before assignment of any person anticipating more than six (6) hours of voluntary service per year with the NHDOC for any event or combination of events.

Family members of inmates under the supervision of the NH DOC may not be designated as volunteers. Official Visitors & Volunteers are not authorized to be on the visiting or phone lists of, or to correspond with, an inmate.

WHERE SERVICE TO BE OFFERED (check all NHDOC facility/divisions that may apply)

Prisons/Institutions	Community Corrections Centers	Field Services
<input type="checkbox"/> NH State Prison for Men (Concord)	<input type="checkbox"/> Calumet House (Manchester) [males]	<input type="checkbox"/> Probation-Parole District Office:
<input type="checkbox"/> NH State Prison for Women (Goffstown)	<input type="checkbox"/> North End House & MSU (Concord) [males]	Office Locations:
<input type="checkbox"/> Lakes Region Facility (Laconia)	<input type="checkbox"/> Shea Farm & MSU (Concord) [females]	
<input type="checkbox"/> Northern NH Correctional Facility (Berlin)		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Secure Psychiatric Unit (Concord)		<input type="checkbox"/> Central Office/HQ (Concord)

<input type="checkbox"/> REGULAR VOLUNTEER – authorization valid up to 3 years, with renewal to include new application and orientation.			Category of Volunteer Service (check all that apply)
<input type="checkbox"/> Education: Academic Aide, Tutor, Literacy, Vocational Consultant	<input type="checkbox"/> Occupational: Workforce Guidance & Readiness	<input type="checkbox"/> Aftercare: Mentoring, Reintegration support	
<input type="checkbox"/> Spiritual: Religious Services & Studies	<input type="checkbox"/> Social Dynamics: Cultural Awareness, Diversity, Alternatives to Violence	<input type="checkbox"/> Support: Victim-Witness Advocate	
<input type="checkbox"/> Recreation: Fitness/Crafts/Art/Hobbies	<input type="checkbox"/> Administrative: Clerical/Office support	<input type="checkbox"/> Other: please specify:	
<input type="checkbox"/> Substance Abuse Recovery Period of Sobriety _____ Years <input type="checkbox"/> Alcoholics Anonymous <input type="checkbox"/> Narcotics Anonymous	<input type="checkbox"/> Professional-Technical Skill: please specify: (if applying for position requiring license or certificate, attach current document photocopy & liability rider)		

<input type="checkbox"/> ONETIME GUEST OR SINGLE EVENT VOLUNTEER – authorization terminates at conclusion of event. New application required for future participation		
Description of Event/Guest Activity & Location	Date(s)	Time
<input type="checkbox"/> ACADEMIC INTERNSHIP – authorization valid only during the term or course of study. Start Date _____ End Date _____ Day(s) _____ Hours _____		
Student of _____ Course/Class _____ Campus Advisor/Instructor _____ Phone # _____		
Objective of Internship Project _____		

DOC DIVISION PLACEMENT:

Applicant accepted (yes/no) _____ Division _____ Bureau/Section _____ Supervising Employee _____ Phone # _____ Date _____

Dear Volunteer:

You are hereby recognized as a volunteer of the New Hampshire Department of Corrections for _____
(facility name)

Your responsibilities as a volunteer is detailed in the approved Volunteer Service Agreement as enclosed and will be reviewed periodically.

Your tenure as a volunteer will continue until [3 years from effective date] with renewal then considered or your resignation or until terminated by the Department of Corrections.

The purpose of this letter is to comply with the provision of RSA 508:17, the Volunteer Immunity Law.

Thank you in advance for your service to the New Hampshire Department of Corrections.

Sincerely,

(Department Volunteer Coordinator)

State of New Hampshire
Department of Corrections
EVALUATION BY VOLUNTEER OF NHDOC EVENT

Please help us to improve our relationship with our volunteers by taking a few moments to answer this questionnaire:

Name: _____ Event date: _____

Event location: _____

Did you receive satisfactory preparation/training prior to the event? _____

Were you greeted and treated courteously by staff at the entry control room? _____

Did you have sufficient space available for your event? _____

Was staff attentive to your needs while you were here? _____

Did the event achieve your goal? _____

Will you return again as a volunteer? _____

What suggestions do you have to change any policy or procedure for our Volunteer Services Program?

Thank you!

Your thoughtfulness and caring can make a great difference in the lives of others.

Please return to: Volunteer Coordinator
PO Box 14
Concord, NH 03302-0014

Volunteer name: _____ Volunteer position: _____

PPD 2.24

State of New Hampshire
Department of Corrections
Volunteer Quarterly Report Form

Division: _____

Quarter ending: _____

Single event volunteers:

Number of volunteers: _____

Number of visits: _____

Hours: _____

Authorized volunteers:

Number of volunteers: _____

Number of visits: _____

Hours: _____

Total of all volunteers:

Number of volunteers: _____

Number of visits: _____

Hours: _____

Consider some of the following approaches to identifying the value of volunteers:

- ◆ What established program has shown the most improvement?
- ◆ Have the inmates expressed awareness of, appreciation for or commented about our volunteers?
- ◆ What was our volunteer program able to do more of this year, compared to last year?
- ◆ In which assignments did we have the most turnover? Why?
- ◆ Is our volunteer corps representative of the outside community we serve?
- ◆ Does it reflect the ethnic composition of the inmate population?
- ◆ What efforts were made in recruiting volunteers from various cultural and socioeconomic backgrounds?
- ◆ Have members of the salaried staff developed their supervisory skills as a result of working with volunteers?
- ◆ Did the volunteer contributions free the staff to do other work/

Comments: _____

(Use other side to finish your report, if needed)

Submitted by: _____

State of New Hampshire

Department of Corrections

Orientation Checklist for Citizen Involvement
--

Name: _____ Division/Site: _____

Position: _____ Start Date: _____

The following represents only the minimum topics for orientation

Topic	Learner's Initials
1. Overview of the Department of Corrections	_____
a. Mission & Values	
b. ACA Accreditation	
c. Facilities & Field Operations	
d. Objectives of Citizen Involvement	
2. Access/Entry to departmental facilities	_____
a. What to Wear, How to Act	
b. Rules of Conduct	
c. Confidentiality of Information	
d. Clergy privileges	
e. Sexual Harassment Policy (PPD 2.39 Received & Understood by participant)	
f. Sexual Misconduct & Undue Familiarity with Inmates	
3. Offender classification system and custody levels	_____
4. Inmate movement and accountability	_____
5. Security & Safety	_____
a. Contraband control	
b. Anatomy of a set-up	
c. Communications with inmates	
d. Emergency situations	
i. Fire	
ii. Medical	
iii. Disturbance	
iv. Hostage	
e. Identification procedures	
f. Supervision of inmates	
g. Equipment and Supplies	
h. Requests of inmates	
6. Information Specific to Assignment	_____
a. Position Description or Job Assignment	
b. Supervising Staff Member Contact Info	
c. Event Evaluations	
d.	

Oriented by _____

Date _____

Acknowledged by Participant _____

This form will be void 3 years from date signed.

NH DEPARTMENT OF CORRECTIONS RULES FOR VOLUNTEERS

1. Lock your Vehicle

- Completely close all windows & secure all doors
- 2. Remove Personal Belongings from view in vehicle place in trunk or glove box, or leave home
- 3. Empty your Pockets remove items inappropriate for prison
- 4. Bring only
 - ✓ the **KEY** needed to unlock your vehicle
 - ✓ your **Photo ID**
 - ✓ a focus on your voluntary service, activity or commitment
 - ✓ personal property pre-approved by Warden
- 5. Prison grounds are **Tobacco-Free**
- 6. Use of, or being under the influence of, alcohol or drugs is prohibited
- 7. ***You, your Vehicle, and your Property are Subject to Search without Warning***
- 8. Possession of **Contraband** is **prohibited** and subject to criminal prosecution
- 9. **Dress Properly**
 - ✓ Keep clothing conservative
 - ✓ Avoid similar style or color as offender population
 - ✓ Avoid shirts with slogans, decals, advertising
 - ✓ No shorts, tight or revealing clothing
 - ✓ No jewelry or perfume
- 10. Be Punctual prison processing and movement is closely controlled
- 11. Sign In and Sign Out
- 12. Walk at all times
- 13. Stay with others in your group
- 14. Use appropriate language
- 15. **Give Nothing** to an Inmate
- 16. **Take Nothing** from an Inmate
- 17. Correspondence and Telecommunications is prohibited between volunteers and inmates
- 18. Activity on the outside on behalf of an inmate by a volunteer is prohibited.
- 19. Ask for Help **from Staff Supervisor or Officer-in-Charge**
 - ✓ Rules in prison are very different from outside society
 - ✓ Seek answers only from supervisor or corrections staff
 - ✓ Tell Supervisor if you are a relative, or acquainted with, any inmate
 - ✓ Report inmate pressure, threat, excessive or unusual requests
 - ✓ Report concerns on inmate welfare
- 20. Keep everything in the open. Do not say anything or do anything with an inmate you would be embarrassed to share with your peers or supervisors
- 21. **Cooperate Immediately** with any Officer Request
- 22. Offenders have been sentenced by society through the judicial system for serious crimes
- 23. Maintain a Clinical/Professional Distance with offenders
- 24. Keep your Focus on the voluntary service you offer
- 25. Know your own boundaries and maintain your personal space
- 26. Be careful about physical contact
- 27. Be aware of **Con Games**
 - ✓ Don't bend any rules
 - ✓ Offenders can be very manipulative and may try to trap or blackmail you
- 28. Be Friendly, but don't over identify
- 29. Be Supportive without becoming manipulated
- 30. Be aware of your surroundings
- 31. Be accountable for Tools & Equipment
- 32. Respect Offender Privacy, Confidentiality of Records and Privileged Information
- 33. Accept that volunteers cannot substantiate offender conversation
- 34. Maintain a Positive Attitude

- 35. Be Patient and Persistent. Think in the long-term
- 36. Respect Diversity
- 37. Volunteer Application and Volunteer Orientation valid for a maximum 3 year term with renewal then required

THINGS you will **NOT** NEED on Prison Property

- 1. Money, Wallet or Purse, Debit, Credit or Calling Cards
- 2. Cell Phone, pager, or handheld computing device
- 3. Photographic or audio recording devices
- 4. Books, newspapers or magazines
- 5. Food, Gum, Beverage in glass container
- 6. Cosmetics or grooming supplies
- 7. Pets (not even left in vehicle)
- 8. Photos of family, friends, pets
- 9. Any item not specifically authorized in writing by the Warden or Director
- 10. Any person under 18 years of age
- 11. Friends or guests not currently approved by NH DOC. They will be refused admission. All members of the public must apply, be subject to a background investigation and attend orientation prior to authorized entry
- 12. Cigarettes, lighters, other tobacco products, matches
- 13. Weapons of any kind

DON'T DISCUSS WITH OFFENDERS

- 1. Your Social Life
- 2. Inmate's past, crime, or the criminal justice system
- 3. Politics or political activities
- 4. Religion (unless as your authorized voluntary service)
- 5. Home and Family
- 6. Work, School, Neighborhood
- 7. Business Transactions with any offender
- 8. Your OUTSIDE IDENTITY